

North Dakota Hospital Assessment Tool

Introduction

The North Dakota Department of Health, Division of Bioterrorism Preparedness and Response and the North Dakota Hospital Association are requesting your cooperation and participation in an important survey. The questions are intended to assist North Dakota in assessing the state of readiness of our hospitals to respond to a bioterrorism incident, infectious disease outbreak, or natural disaster.

This needs assessment is being conducted to participate in the Health Resource and Services Administration (HRSA) Hospital Bioterrorism Preparedness Grant Program. The purpose of the grant is to upgrade the preparedness of our hospitals and collaborating entities to respond to Bioterrorism, infectious disease outbreaks or natural disasters.

This survey is NOT intended to serve as a template for Bioterrorism preparedness plans, as our inquiries may not be all inclusive of issues that need to be considered in a hospital response plan. For example, because the focus of this grant is bioterrorism, you will not find detailed questions relating to chemical events.

It is important to complete the survey in it's entirety by April 4, 2003 to ensure that the most comprehensive plan is developed by North Dakota. **Participation in this survey is a pre-requisite to eligibility for receiving emergency preparedness grant funds.**

The survey can be separated into sections for distribution to individual departments for completion.

All information provided will be confidential and used for bioterrorism planning only. Personal identifiers will be used to create contact files for future communications, but will be deleted before reporting the needs assessment responses. The results of this survey will be analyzed by an independent consultant

The goal of this process is to identify hospital needs so that we can provide support and training where appropriate. There is no expectation that questions posed here should have previously been addressed by the healthcare facility. Your honest evaluation and response will help us place resources where they will have the greatest impact on our state of readiness.

Some of the information we are requesting may duplicate information you have previously provided to the North Dakota Department of Health. However, not all hospital facilities in the state require state licensure and therefore we would not have the necessary information from all hospitals. Therefore, in the interest of consistency and validity of our survey, please answer all questions regardless of previous surveys to which you may have responded. We appreciate your tolerance. We will maintain a

confidential data base of your surveys so that when re-evaluation becomes necessary, you will be able to access and update your survey through a web based application rather than complete the entire survey again. We thank you for your cooperation.

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Instructions

- I. Identify one individual within the hospital who will be responsible for coordination of the survey efforts. We suggest that if a Bioterrorism coordinator or contact person has been named that he/she be responsible for the survey.
- II. The coordinator may distribute the various sections of the survey to the appropriate individuals within the hospital with an expected completion date.
- III. The coordinator should review all sections as they are returned for accuracy and any discrepancies should be resolved before submitting the survey.
- IV. The survey coordinator will return the survey to the North Dakota Department of Health, Division of Bioterrorism Preparedness and Response by entering the data on-line at <http://www.health.state.nd.us/healthalert/> or by faxing the survey to 701-328-1850.
- V. Please call Brenda Vossler, RN, CIC, Bioterrorism Hospital Coordinator at 701-328-2748 with questions regarding the survey and how to complete it.
- VI. Please call Alan Grinstein at 701-328-2437 for technical support if needed while responding to the survey on-line.
- VII. Complete and return the survey by April 4, 2003.

HOSPITAL DEMOGRAPHICS

Hospital Name (do not use abbreviations): _____

Street Address: _____

City: _____ State: _____ Zip Code

Designated Hospital Bioterrorism Contact Person:

Telephone Number: _____ FAX: _____ Email: _____

Home Phone/Cell Phone _____

Type of Hospital (check all that apply)

- ☐ Critical access hospital
- ☐ Community Hospital
- ☐ Children's Hospital
- ☐ General Medical Surgical
- ☐ Psychiatric
- ☐ Rehabilitation
- ☐ Teaching hospital
- ☐ Military Hospital
- ☐ Veterans Administration
- ☐ Sole Community hospital
- ☐ Long term care

Hospital Services (check all that apply)

- ☐ Adult day care program
- ☐ Outpatient surgery center
- ☐ Intensive Care Unit (Medical)
- ☐ Intensive Care Unit (Surgical)
- ☐ Intensive Care Unit (Pediatrics)
- ☐ Intensive Care Unit (Neonatal)
- ☐ Outpatient rehabilitation provider
- ☐ Renal dialysis
- ☐ Transplant center
- ☐ Swing bed

Does your community have durable medical equipment services available?

yes___ no___

Is your hospital certified as a trauma center?

___ Yes ___ No

If yes, what level: Level 1 ___ Level 2___ Level 3 ___ Level 4 ___

Is your hospital JCAHO accredited? yes___ no___

GENERAL EMERGENCY PREPAREDNESS

1. Has your hospital conducted a formal hazard vulnerability analysis (HVA)?
(Conducting an HAV is a great way to assess your facility's preparedness for an event. One tool may be seen at www.hospitalsoup.com.)
☐ Yes ☐ No
2. What was your average daily inpatient census in 2002? _____
3. What was your highest daily inpatient census in 2002? _____
4. What was your lowest daily inpatient census in 2002? _____
5. Please indicate your bed capacities below:

Area	Licensed Beds	Staffed Beds	Surge* Capacity 6 hr. 12 hr		Airborne Isolation Rooms	Airborne** Capacity
Adult-Medical/Surgical						
Pediatric medical/surgical						
Adult ICU						
Pediatric ICU						
Neonatal ICU						
Telemetry or Step-down						
Emergency Department						
OB/GYN						
Psychiatry						
Substance Abuse						
Short Stay Units						
Transitional Care Includes subacute, Rehab, swing bed						
Long Term Care						
All other departments Including outpatient surgery areas						

*Surge bed capacity: In the event of an emergency, what is the maximum number of additional staffed beds that your institution can create in 6 hours and in 12 hours for the treatment of mass casualties? (e.g., beds made available by opening up closed wards/units; beds made available by canceling elective surgeries; beds obtained from associated clinics; endoscopy suites; outpatient surgical areas; etc.)

** Airborne Capacity: In the event of an emergency, what is the maximum number of airborne isolation rooms that could be created in 48 hours by adjusting air flow systems? (e.g., could a wing or unit operate separate airflow systems or airflow be diverted to isolate an area of the hospital?) Airborne isolation requires negative pressure and venting directly outside the building.

6. On average, how many times a month does your hospital reach full capacity of staffed beds? _____
7. Does your hospital have policies concerning patient diversion?
Yes ____ No ____
7. Does your hospital have a plan for transporting patients to an alternate site if it cannot support adequate patient care or fills to capacity?

Yes ____ No ____

If yes, have alternate sites been identified?
Yes ____ No ____
8. Has your hospital implemented a formal Incident Command System, (such as HEICS)?
Yes ____ No ____ Under Consideration ____ In progress ____
9. Does your hospital's emergency preparedness plan address mass casualty incidents involving biological agents (influenza epidemics, new emerging infections, or terrorist use of biological agents)?
Yes ____ No ____
10. Do you have capability to lock down your facility in an emergency?
(Lock down means someone to physically man or mechanically lock all doors within a defined period of time.)
Yes ____ No ____
11. Do you have security at all entrances through out your facility?
Security guards: Yes ____ No ____
Surveillance cameras: Yes ____ No ____
Other: _____

Staffing

1. Does your hospital utilize agency nurses?

Yes ____ No ____

2. Does your hospital maintain a PRN pool?

Yes ____ No ____

If yes, how many PRN employees do you have who are NOT employed somewhere else? _____

3. During 2002, how many shifts per week (on average) were you short of nurses for the following areas? (Include shifts covered by agency or overtime shifts)

Med-Surg ____

Pediatrics ____

ICU ____

ED ____

Other ____

4. On a scale of 1-5 how significant a problem do you perceive staffing will be for your hospital should a bioterrorist event occur? (Consider 1 to represent the least significance and 5 to represent the greatest degree of significance. Check the appropriate number.)

1 ____

2 ____

3 ____

4 ____

5 ____

Equipment

1. What is the number of functioning on-site adult ventilators in your institution?
Own____ Lease____ Rent____
2. What is the number of pediatric only ventilators?
Own____ Lease____ Rent____
3. Do you have access to additional ventilators that can be rented on an emergency basis?
Yes____ No____
Name of Vendor _____ Vendor Telephone _____
4. How many wheelchairs do you have? _____
5. How many patient transport carts do you have? _____
6. How many portable hepa filter units do you have? _____
7. How many vehicles that could be used to transport patients do you have?

How many total patients can those vehicles accommodate per trip?

8. Personal protective equipment: What PAR level do you maintain in your facility for the following:
Gowns: _____ cases of _____ each
Gloves: _____ cases of _____ boxes of _____ each
N95 Masks: _____ cases of _____ boxes of _____ each

Please list vendors who supply PPE items.

Vendor: _____ Phone _____ FAX: _____ Email _____

Vendor: _____ Phone _____ FAX: _____ Email _____

What is the average time from placement of an order to time of delivery?

Communication Equipment

1. Does your hospital have secure, offsite backup capability for its information systems? (computers) Yes _____ No _____

If so, do you perform regular back-ups in-house? Yes _____ No _____

Do you perform regular back-ups off-site? Yes _____ No _____

2. Which of the following emergency communication systems do you have?

Voice mail boxes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Electronic mail (email)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Numeric pager	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wireless messaging	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Internal two-way radios	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cell phones	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Satellite phones	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Two way radio with local government	Yes <input type="checkbox"/>	No <input type="checkbox"/>
HAM radio	Yes <input type="checkbox"/>	No <input type="checkbox"/>
800 Mghrtz radio	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Health Alert Network	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Leased lines to alternative locations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Others, please name _____		

3. Does your facility currently receive health alerts via the Department of Health's Health Alert Network? Yes No

If yes, is the system implemented primarily by:

An electronic network Yes _____ No _____
 Facsimile (FAX) Yes _____ No _____
 If yes, is the fax located in a secure area away from public access?
 Yes _____ No _____

Telephone system Yes _____ No _____
In-person contact Yes _____ No _____

Who should receive Health Alert Network messages for your hospital?

Name	Phone	FAX	Email
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4. How many incoming phone lines does your hospital have? _____

Does this allow the capacity for a dedicated line for inquiries from patients' family and friends? Yes ____ No ____

5. Does your hospital have a computerized information system with internet and e-mail capabilities? Yes ____ No ____

6. Does your hospital routinely test the timeliness and adequacy of these emergency communications systems? Yes ____ No ____

Infection Control, Surveillance, and Decontamination

1 .Who is (are) your Infection Control Nurse(s)?

Name _____ Phone _____ FAX _____

Email _____

Name _____ Phone _____ FAX _____

Email _____

2. Does your hospital have a hospital epidemiologist on staff? Yes ____ No ____

Name _____ Phone _____ FAX _____

Email _____

Name _____ Phone _____ FAX _____

Email _____

If not, who fills this role in your institution?

Name _____ Phone _____ FAX _____

Email _____

3. Does your hospital have an internal health surveillance system in place?

Yes ____ No ____

If yes:

A) Does your hospital's surveillance system track the following?

(Check all that apply)

____ Emergency Department visits

____ Hospital admissions (total numbers and diagnosis patterns)

Syndromic Surveillance:

____ Presenting patients' complaints

____ Influenza-like illness monitoring

____ Increased antibiotic prescription rate

____ Fever with rash

____ Gastrointestinal illnesses

B) How is this information gathered?

____ Electronically

____ Manually

4. Does your hospital have patient chemical decontamination capability?

Yes ____ No ____

If not, do you have arrangements for decontamination services with:

Emergency response providers? Yes ____ No ____

Or a contractor Yes ____ No ____

Contractor Name _____ Phone _____

Laboratory

1. How are laboratory services made available 24 hours a day, 7 days a week?

Staff on duty around the clock _____

Some hours covered with "on-call" staff _____

2. What is the highest Biosafety level(BSL) capability of your in-patient lab?

___ BSL 1 (Basic level of containment for minimal potential hazards)

___ BSL 2 (Primary containment practices for moderate potential hazards)

___ BSL 3 (Primary and secondary containment practices for potentially lethal agents)

3. What is the current volume of culture specimens that can be processed in your in-patient lab on a daily basis?

___ Sputum

___ Blood

___ Urine

4. What is the estimated maximum volume (surge capacity), of culture specimens that can be processed in your in-patient lab on a daily basis?

___ Sputum

___ Blood

___ Urine

5. Does your hospital have protocols or procedures for the handling of laboratory specimens in the event of a biological terrorism incident? Yes ___ No ___

If yes, do these protocols or procedures address the following (check all that apply)

___ Collection

___ Labeling

___ Chain of custody

___ Secure Storage

___ Processing

___ Transportation to secondary laboratory

___ Referral to Public Health Department (PHD) lab

___ Contacting the CDC

___ Contacting local law enforcement

___ Contacting the FBI

___ Decontamination of bio-hazardous waste

___ Safe disposal of waste

6. Are shipping containers available for the transportation of suspect laboratory specimens to agencies such as the FBI and CDC? Yes ___ No ___

7. Please check the appropriate line to describe your hospital's in-patient laboratory capacity with regard to the following: (check all that apply)

Organisms:

Anthrax Culture ____ Rule Out ____ None* ____

Plague Culture ____ Rule Out ____ None* ____

Tularemia Culture ____ Rule Out ____ None* ____

Brucellosis Culture ____ Rule Out ____ None* ____

Burkholderia Culture ____ Rule Out ____ None* ____

Q-Fever Culture ____ Rule Out ____ Collect/Store ____ None* ____

Smallpox Culture ____ Rule Out ____ Collect/Store ____ None* ____

Tsanck DFA for differential diagnosis of chickenpox ____

Toxins:

Botulism Collect /Store ____

Staphylococcal enterotoxin B Collect/Store ____

*Checking none means your hospital laboratory does not have the capacity to culture, rule out, or collect and store the listed organism.

Pharmaceuticals

The following pharmaceutical survey is based on the National Pharmaceutical Stockpile (NPS) inventory. The pharmaceutical inventory are antidotes and therapies for patients exposed to biological/chemical disasters. In the event the NPS is requested from the Centers for Disease Control it may be necessary that the local/regional area have the ability to sustain medical support until federal assistance arrives. The survey is an attempt to establish the threshold of a local cache in your hospital's region. The Inter-hospital Plan being developed in your respective Region will determine maintenance and upkeep of the information.

1. Do you have an in-house pharmacist 24 hours a day, 7 days a week?

Yes ____ No ____
Phone _____ Email _____ FAX _____

If not, do you have a pharmacist on call? Yes ____ No ____

2. Do you have an outpatient pharmacy?

Yes ____ No ____
Phone _____ Email _____ FAX _____

3. Does your hospital stockpile antibiotics? Yes ____ No ____

4. Does your hospital have a plan to obtain additional antibiotics within 12 hours in order to provide community prophylaxis? Yes ____ No ____

Please provide name and address of vendor if obtaining additional antibiotics:

Name _____
Address _____

5. Does your hospital have a staff member designated to accept deliveries from the National Pharmaceutical Stockpile in the event of a Bioterrorism event?

Yes ____ No ____

If yes, Name _____ Phone _____
FAX _____ Email _____

For the identified pharmaceuticals, please indicate whether you stock the item with a check mark in the appropriate column. Also indicate the average daily stock count and average daily usage by inpatient and outpatient pharmacies. Include all outpatient pharmacies in your system.

BIOLOGICAL AGENTS	Yes	No	Inpatient Daily Stock	Daily Use	Outpatient Daily Stock	Daily Use
Amoxicillin 250mg cap or tabs						
Amoxicillin 500 mg caps or tabs						
Amoxicillin pwd susp 125/5ml, any size						
Amoxicillin pwd susp 250ml,any size						
Ciprofloxacin 250mg/5ml oral liquid						
Ciprofloxacin 500mg/5ml oral liquid						
Ciprofloxacin 10mg/ml injection						
Ciprofloxacin 200mg/100ml injection						
Ciprofloxacin 400mg/200ml injection						
Ciprofloxacin HCL 100mg tablets						
Ciprofloxacin HCL 250 tablets						
Ciprofloxacin HCL 500mg tablets						
Ciprofloxacin HCL 750mg tablets						
Doxycycline Calcium 50mg/5ml oral liquid						
Doxycycline Hyclate 50mg capsules						
Doxycycline Hyclate 50mg tablets						
Doxycycline Hyclate 100mg capsules						
Doxycycline Hyclate 100mg tablets						
Doxycycline Hyclate 100mg injection						
Doxycycline Hyclate 200mg injection						
Doxycycline Monohydrate 50 mg capsules						
Doxycycline Monohydrate 100mg capsules						
Doxycycline Monohydrate 25mg/5ml oral liquid						
Erythromycin (Base) 250mg capsules						
Erythromycin (Base) 250mg tablets						
Erythromycin (Base) 333 mg tablets						
Erythromycin (Base) 500mg tablets						

BIOLOGICAL AGENTS	Yes	No	Inpatient Daily Stock	Daily Use	Outpatient Daily Stock	Daily Use
Erythromycin Gluceptate 1gm injection						
Erythromycin Estolate 250mg capsules						
Erythromycin Estolate 500mg tablets						
Erythromycin Estolate 125mg/5ml oral liquid						
Erythromycin Estolate 250mg/5ml oral liquid						
Erythromycin Ethylsuccinate 200mg chew tablets						
Erythromycin Ethylsuccinate 400mg tablets						
Erythromycin Ethylsuccinate 100mg/2.5ml for oral drops						
Erythromycin Ethylsuccinate 200mg/5ml for oral drop						
Erythromycin Ethylsuccinate 200mg/5ml oral liquid						
Erythromycin Lactobionate 500mg injection						
Erythromycin Lactobionate 1gm injection						
Erythromycin Stearate 250 mg tablets						
Erythromycin Stearate 500 mg tablets						
Gentamicin Sulfate 10mg/ml injection						
Gentamicin Sulfate 40mg/ml injection						
Gentamicin Sulfate 60mg/50ml ivpb.						
Gentamicin Sulfate 70mg/50ml ivpb.						
Gentamicin Sulfate 80mg/50ml ivpb.						
Gentamicin Sulfate 100mg/50ml ivpb.						
Gentamicin Sulfate 80mg/100ml ivpb.						
Gentamicin Sulfate 90mg/100 ivpb.						
Gentamicin Sulfate 100mg/100ml ivpb.						
Levofloxacin 250mg tablets						
Levofloxacin 500mg tablets						
Levofloxacin 750mg tablets						
Levofloxacin 250 mg injection						
Levofloxacin 500mg injection						
Levofloxacin 750 injection						
Ofloxacin inj.400mg						
Ofloxacin tablets 200mg						
Ofloxacin tablets 300mg						
Ofloxacin tablets 400mg						
Ofloxacin inj. 200mg						
Penicillin tabs, 250mg						
Penicillin tabs, 500mg						

BIOLOGICAL AGENTS	Yes	No	Inpatient Daily Stock	Daily Use	Outpatient Daily Stock	Daily Use
Penicillin Inj., IM, unit dose 300,000-600,000 units PenG, Pen Procaine, Pen G benzathine and procaine, Pen G benzathine						
Penicillin Inj., IM unit dose 1M-2.4M units, (PenG, Pen G procaine, Pen G benzathine & procaine, Pen G benzathine)						
Penicillin Inj., IM Vials 1M units, (Pen G, Pen G procaine, Pen G benzathine & procaine, Pen G Benzathine)						
Penicillin Inj., IM, Vials 5M units, (Pen G, Pen G procaine, Pen G benzathine & procaine, Pen G Benzathine)						
Penicillin Inj., IM, Vials 10M units, (Pen G, Pen G procaine, Pen G benzathine & procaine, Pen G Benzathine)						
Penicillin Inj., IM, Vials 20M units, (Pen G, Pen G procaine, Pen G benzathine & procaine, Pen G Benzathine)						
Tetracycline caps and tabs 250mg						
Tetracycline caps and tabs 500mg						
Tetracycline caps 100mg						
Tetracycline Syrup 125mg/5ml						
CHEMICAL AGENTS						
Silvadene						
NERVE AGENTS						
Atropine inj. Prefilled Syringe, any size						
Atropine inj. Amps/vials, 1ml any concentration						
Atropine inj. Amps/vials, 10ml, any concentration						
Atropine inj. Amps/vials, 20ml, any concentration						
Atropine inj. Amps/vials, 25ml, any concentration						
Atropine: (List any others indicating strength and size)						
Pralidoxime HCl injection						
2-PAM (Protopam) 20ml vial						
2-PAM (Protopam) tabs. 500mg						
Pralidoxime Cl (2-PAM) auto-injector						
Valium unit dose injection 2ml.						
Valium multi-dose vials 10ml.						
CYANIDES						
Cyanide antidote kits containing amyl nitrite, sodium nitrite, sodium thiosulfate						
LEWISITE						
British Anti-Lewisite						
ALL-AGENTS						

BIOLOGICAL AGENTS	Yes	No	Inpatient		Outpatient	
			Daily Stock	Daily Use	Daily Stock	Daily Use
Albuterol Inhaler						
Epinephrine 1mg/ml						
Dextrose 5% (D5W) 50ml						
Dextrose 5% (D5W) 100ml						
Dextrose 5% (D5W) 1,000ml						
Dextrose-1/2 Normal Saline (D5-.45 NS) 1,000ml						
Dextrose Normal Saline (NS) 50ml						
Dextrose Normal Saline (NS) 100ml						
Dextrose Normal Saline (NS) 1,000ml						
Vasopressors						

Training

1. Does your hospital conduct in-service training on bioterrorism response?

Yes ____ No ____

If yes, who is being trained?

Medical Staff	Yes ____	No ____
Nursing Staff	Yes ____	No ____
Medical/Nursing Students	Yes ____	No ____
Residents	Yes ____	No ____
Administration	Yes ____	No ____
Lab Personnel	Yes ____	No ____
Security Personnel	Yes ____	No ____
Emer. Room Personnel	Yes ____	No ____
Intensive Care Personnel	Yes ____	No ____
Pharmacy Personnel	Yes ____	No ____
Disaster response Team	Yes ____	No ____

2. Who provides the bioterrorism response training to your hospital staff? Please list name, title, and phone number. (This may be a resource for other hospitals)

____ In-house instructor _____

____ Outside Consultant _____

____ Distance Learning Tools _____

____ Other _____

3. Do training topics include the following? If not are resources readily accessible?
(Check "yes" or "no". If no, check "R" if resources accessible)

Basic education regarding biological and chemical disaster planning	Yes ____	No ____	R ____
How to identify and recognize a Bioterrorism event	Yes ____	No ____	R ____
Acquisition of laboratory specimens	Yes ____	No ____	R ____
Handling of laboratory specimens	Yes ____	No ____	R ____
Transportation of laboratory specimens	Yes ____	No ____	R ____
Contact telephone numbers for reporting/consultation	Yes ____	No ____	R ____
Guidelines for immediate reporting /consultation with public health officials	Yes ____	No ____	R ____
Media relations and protocols	Yes ____	No ____	R ____
Medical management of patients	Yes ____	No ____	R ____
Patient decontamination procedures(including those to be used when outside temperatures are extreme)	Yes ____	No ____	R ____
Identification of hazardous biological agents	Yes ____	No ____	R ____
Identification of hazardous chemical agents	Yes ____	No ____	R ____
Role of healthcare providers in recognizing /suspecting the beginning of an outbreak	Yes ____	No ____	R ____
Incident command system	Yes ____	No ____	R ____
Smallpox	Yes ____	No ____	R ____

Anthrax
Botulism
Plague
Tularemia
Brucellosis
Viral hemorrhagic fevers
Chemical agents

Yes ___ No ___ R ___
Yes ___ No ___ R ___
Yes ___ No ___ R ___
Yes ___ No ___ R ___
Yes ___ No ___ R ___
Yes ___ No ___ R ___
Yes ___ No ___ R ___

